



AGENCY OF HUMAN SERVICES  
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection  
103 South Main Street, Ladd Hall  
Waterbury, VT 05671-2306  
<http://www.dail.vermont.gov>  
Voice/TTY (802) 871-3317  
To Report Adult Abuse: (800) 564-1612  
Fax (802) 871-3318

August 18, 2014

Ms. Susan Spadaro, Administrator  
Village At Cedar Hill, Inc  
92 Cedar Hill Drive  
Windsor, VT 05089-4436

Dear Ms. Spadaro:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 23, 2014**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script that reads "Pamela M. Cota".

Pamela M. Cota, RN  
Licensing Chief

PC:jl



## Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  1003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED  C 06/23/2014
NAME OF PROVIDER OR SUPPLIER  VILLAGE AT CEDAR HILL, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 92 CEDAR HILL DRIVE WINDSOR, VT 05089		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R100	Initial Comments:  An unannounced on-site complaint investigation was conducted by the Division of Licensing & Protection on 6/23/2014. The following regulatory deficiencies were identified:	R100	<b>R165: Resident Care and Home Services</b>  <b>Date of Completion: 8/1/2014</b>  <b>5.10 Medication Management</b>		
R165 SS=E	<b>V. RESIDENT CARE AND HOME SERVICES</b>  <b>5.10 Medication Management</b>  5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:  (3) The registered nurse must accept responsibility for the proper administration of medications, and is responsible for: i. Teaching designated staff proper techniques for medication administration and providing appropriate information about the resident's condition, relevant medications, and potential side effects; ii. Establishing a process for routine communication with designated staff about the resident's condition and the effect of medications, as well as changes in medications; iii. Assessing the resident's condition and the need for any changes in medications; and Monitoring and evaluating the designated staff performance in carrying out the nurse's instructions. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to assure that the the Registered Nurse (RN) taught designated staff proper techniques for medication administration and provided appropriate information about the resident's condition, relevant medications, and	R165	The Registered Nurse at the Village at Cedar Hill accepts responsibility for the proper administration of medication.  The RN will teach the medication administration course.  All resident assistants complete three approved passes of medications after they have passed the course and before they are allowed to pass medications to residents. The RN will witness at least the final pass and certify that the resident assistant is competent to administer medications.  The RN communicates with the LPN as well as to resident assistants regarding condition of residents and changes in medication orders on a regular basis and at staff meetings. The RN may, at times, delegate routine communication with designated staff to the LPN. The RN may discuss resident conditions and effects of medications, as well as changes in medications, with the LPN who is then delegated to communicate to the Resident Assistants.		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

0690

RZHW11

If continuation sheet 1 of 2

*Mary Louise Saylor* LUNHA

PRESIDENT

8/12/2014

## Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  1003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 06/23/2014	
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R165	Continued From page 1  potential side effects. Findings include:  Per record review of medication delegation records the Licensed Practical Nurse (LPN) provided training for medication administration and ongoing oversight and information regarding residents and changes in condition and medications, not a Registered Nurse. In staff interviews conducted on 6/23/14, 3 of 5 direct care staff interviewed stated that the LPN had conducted their training and provided on-going information regarding residents condition and medications. In an interview on 6/23/14, both the RN and LPN stated that the LPN conducted the initial 8 hour training of new staff for medication administration and provided on-going information to staff regarding changes in condition and medications.	R165	POC ACCEPTED 8/18/14 m. huggins RN	